


REPLACEMENT NOTICE OF APPEAL

PTO/SB/31 (01-08)

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NOTICE OF APPEAL FROM THE EXAMINER TO THE BOARD OF PATENT APPEALS AND INTERFERENCES		Docket Number (Optional) U02-0208.39							
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, PO Box 1450, Alexandria, VA 22313-1450" on _____. Signature _____ Typed or printed name _____		In re Application of Flndikli et al. <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;">Application Number 10/604,982</td> <td style="width: 50%; padding: 2px;">Filed August 29, 2003</td> </tr> <tr> <td colspan="2" style="padding: 2px;">For METHOD AND SYSTEM FOR REGSITRATION OF LICENSED MODULES IN MOBILE DEVICES</td> </tr> <tr> <td style="padding: 2px;">Group Art Unit 2617</td> <td style="padding: 2px;">Examiner Ariel A. Balaoing</td> </tr> </table>		Application Number 10/604,982	Filed August 29, 2003	For METHOD AND SYSTEM FOR REGSITRATION OF LICENSED MODULES IN MOBILE DEVICES		Group Art Unit 2617	Examiner Ariel A. Balaoing
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Applicant hereby appeals to the Board of Patent Appeals and Interferences from the last decision of the examiner. The fee for this Notice of Appeal is (37 CFR 1.17(b)) \$510.00 <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee shown above is reduced by half, and the resulting fee is: \$ _____ <input type="checkbox"/> A check in the amount of the fee is enclosed. <input checked="" type="checkbox"/> Payment by Electronic Funds Transfer (EFT). <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment to Deposit Account No. <u>13-4365</u> . I have enclosed a duplicate copy of this sheet. <input checked="" type="checkbox"/> A petition for an extension of time under 37 CFR 1.136(a) (PTO/SB22) is enclosed. WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. I am the <input type="checkbox"/> applicant/inventor. <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96) <input checked="" type="checkbox"/> attorney or agent of record. Registration No. <u>55,130</u> <input type="checkbox"/> attorney or agent acting under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a), _____									
		<div style="text-align: center;">  Signature <u>R. Brian Drozd,</u> Typed or printed name <u>3/20/08</u> Date </div>							
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required. see below*.									

☒ *Total of 1 forms are submitted.

This collection of information is required by 37 CFR 41.31. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11, 1.14 and 41.6. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450. If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.